

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 27 / 2014</div>					
Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>		
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">266.30</div>		
City Washington State DC Zip Code 20001		Transaction ID : D541602 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MITCH MCCONNELL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">36502.44</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>		
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">454.71</div>		
City Washington State DC Zip Code 20001		Transaction ID : D541603 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MARK E UDALL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14624.40</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">721.01</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 17 / 2014</div>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		09 / 27 / 2014	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 100 Indiana Avenue, N.W.		Amount 266.30	
City Washington	State DC	Zip Code 20001	Transaction ID : D541609
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36502.44	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 80 F Street, NW		Amount 65.40	
City Washington	State DC	Zip Code 20001	Transaction ID : D541647
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36502.44	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	331.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 17 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 27 / 2014</div> </div>	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           94.97         </div>	
City Washington	State DC		
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : <b>D541648</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Name of Federal Candidate MARK E UDALL		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14624.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           58.29         </div>	
City Washington	State DC		
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : <b>D541658</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Name of Federal Candidate MARK E UDALL		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14624.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">153.26</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 27 / 2014</div> </div>	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1.11         </div>	
City Washington	State DC		
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : <b>D541662</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Name of Federal Candidate CORY GARDNER		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14624.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           65.40         </div>	
City Washington	State DC		
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : <b>D541665</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">36502.44</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         66.51       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         66.51       </div>

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		09 / 27 / 2014	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 19.02	
City Washington	State DC	Zip Code 20006	Transaction ID : D541679
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		37927.71	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 19.90	
City Washington	State DC	Zip Code 20006	Transaction ID : D541684
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36502.44	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.92
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		09 / 27 / 2014	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 7.16	
City Washington	State DC	Zip Code 20006	Transaction ID : D541685
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		14624.40	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 6.04	
City Washington	State DC	Zip Code 20006	Transaction ID : D541687
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		37927.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 27 / 2014	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 19.90	
City Washington	State DC	Zip Code 20006	Transaction ID : D541690
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 36502.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFT Solidarity 527</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 61.65	
City Washington	State DC	Zip Code 20001	Transaction ID : D541692
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 37927.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	81.55
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00484287         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 27 / 2014         </div>	

Full Name of Payee <b>AFT Solidarity 527</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">61.65</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D541693</b> Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate GARY PETERS	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">37927.71</div>			

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>	
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12.78</div>	
City Washington	State DC	Zip Code 20006-1598	<b>Transaction ID : D541697</b> Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate TERRI LYNN LAND	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">37927.71</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">74.43</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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 10 / 17 / 2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>2</td><td>7</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>		M	M	M	0	9		D	D	D	2	7		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>2</td><td>5</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>		M	M	M	0	9		D	D	D	2	5		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Mailing Address <b>1775 K Street, NW</b>		Amount <table border="1" style="width:100%"><tr><td>219.08</td></tr></table>		219.08																							
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City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D541698</b>																								
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>2</td><td>5</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>		M	M	M	0	9		D	D	D	2	5		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"><tr><td>36502.44</td></tr></table>		36502.44	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																								
36502.44																											

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>2</td><td>5</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>		M	M	M	0	9		D	D	D	2	5		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Mailing Address <b>1775 K Street, NW</b>		Amount <table border="1" style="width:100%"><tr><td>219.08</td></tr></table>		219.08																							
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City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D541700</b>																								
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>2</td><td>5</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>		M	M	M	0	9		D	D	D	2	5		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"><tr><td>36502.44</td></tr></table>		36502.44	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																								
36502.44																											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td>438.16</td></tr></table>	438.16
438.16		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 10 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>27</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		09			D	D		27			Y	Y	Y	Y	Y	Y	2014					
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2014																											

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>09</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M		09			D	D		25			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address <b>1775 K Street, NW</b>		Amount <table border="1" style="width:100%"><tr><td>69.36</td></tr></table>		69.36																							
69.36																											
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D541702</b>																								
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>09</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M		09			D	D		25			Y	Y	Y	Y	Y	Y	2014					
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Name of Federal Candidate <b>GARY PETERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>MI</b>																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"><tr><td>37927.71</td></tr></table>		37927.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																								
37927.71																											

Full Name of Payee <b>Colorado AFL-CIO L2K</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>09</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M		09			D	D		25			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address <b>140 Sheridan Blvd</b>		Amount <table border="1" style="width:100%"><tr><td>127.67</td></tr></table>		127.67																							
127.67																											
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80226</b>	Transaction ID : <b>D541711</b>																								
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>09</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M		09			D	D		25			Y	Y	Y	Y	Y	Y	2014					
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Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>CO</b>																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"><tr><td>14624.40</td></tr></table>		14624.40	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																								
14624.40																											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td>197.03</td></tr></table>	197.03
197.03		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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2014					

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 11 OF 18  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on</span>			
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 27 / 2014</div> </div>	

Full Name of Payee <b>Retail, Wholesale and Department Store Union International Treasury Account</b>		Date of Public Distribution/Dissemination	
Mailing Address <b>30 E29th St.</b>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 25 / 2014</div> </div>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10016</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">64.32</div>
Purpose of Expenditure <b>InKind Staff</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	<b>Transaction ID : D541712</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 25 / 2014</div> </div>
Name of Federal Candidate <b>GARY PETERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">37927.71</div>	
		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NCFO/SEIU 32BJ</b>		Date of Public Distribution/Dissemination	
Mailing Address <b>1212 Bath Ave</b> <b>Floor F&amp;O</b>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 25 / 2014</div> </div>	
City <b>Ashland</b>	State <b>KY</b>	Zip Code <b>41101-2696</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">74.35</div>
Purpose of Expenditure <b>InKind Staff</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	<b>Transaction ID : D541715</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 25 / 2014</div> </div>
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">36502.44</div>	
		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">138.67</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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*Ms. Elizabeth H Shuler*
*[Electronically Filed]*

Date

MM / DD / YYYY  
10 / 17 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 27 / 2014	

Full Name of Payee <b>NCFO/SEIU 32BJ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1212 Bath Ave Floor F&O		Amount 74.35	
City Ashland	State KY	Zip Code 41101-2696	Transaction ID : D541716
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 36502.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1625 L Street, NW		Amount 141.52	
City Washington	State DC	Zip Code 20036	Transaction ID : D541718
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 37927.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	215.87
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 13 OF 18
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 27 / 2014	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address 1625 L Street, NW		Amount 141.52	
City Washington	State DC	Zip Code 20036	Transaction ID : D541719
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 37927.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address 1625 L Street, NW		Amount 253.48	
City Washington	State DC	Zip Code 20036	Transaction ID : D541722
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 37927.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	395.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 27 / 2014</div>	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>	
Mailing Address 1625 L Street, NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">208.25</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D541724
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">37927.71</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>	
Mailing Address FIVE GATEWAY CENTER		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">348.52</div>	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D541616
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 25 / 2014</div>
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">36502.44</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">556.77</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 18  
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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 27 / 2014	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 478.89	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541618</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate <b>GARY PETERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		37927.71	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 783.34	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541622</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36502.44	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	1262.23
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 16 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 27 / 2014	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 342.23	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541636</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought 36502.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 38.06	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541638</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought 37927.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	380.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 17 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 27 / 2014	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 783.34	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541640</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36502.44	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 151.99	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541641</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		14624.40	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	935.33
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 18 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 27 / 2014	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 193.52	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541642</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate <b>GARY PETERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>37927.71</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	193.52
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	6193.45

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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